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Legacy: The Life Stage Approach and Seniors' Funding in Atlantic Canada

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EXECUTIVE SUMMARY

Over the past three decades, the approach to work on seniors' issues within the Canadian federal government's health portfolio has undergone significant changes. While the type of work being funded has become more sophisticated, government restructuring has sparked challenges. Seniors' issues have gone from having dedicated funding of their own, to competing for funding with other life stages such as youth and adults. While demographics in the Atlantic region tell us that the number of seniors in our population is rising rapidly, seniors are faced with doing more work with fewer resources. However, as this document aims to show, they have repeatedly risen to the challenge.

Legacy: The Life Stage Approach and Seniors' Funding in Atlantic Canada reflects on the work done by seniors' organizations in the Atlantic region over the span of the past three decades through a review of past evaluation and other documents created through New Horizons or Population Health Fund funding. The document captures the reflections and opinions of those who have been involved with seniors' work during this time – seniors themselves, their organizations, and the Health Canada (later Public Health Agency of Canada) staff who also worked through many of the changes.

Health Canada's first major involvement with funding for seniors' organizations came in 1972, with the introduction of the New Horizons program. This program provided community groups with funding that encouraged seniors to be active in their communities, to build stronger organizations, and to maintain their physical and mental well-being. The key outcome of this program was social interaction: pot-luck dinners, card parties, and drop-in centres. There were also a number of community-focused spin-offs, such as Meals on Wheels and Friendly Visiting programs.

In 1995, the New Horizons program absorbed other funding programs within the federal government and became a single funding body for seniors, known as New Horizons: Partners in Aging. In 1997, as a result of the federal government's review of its community funding programs, New Horizons: Partners in Aging was ended and replaced with the Population Health Fund (PHF).

The introduction of the PHF meant a significant shift in philosophy, funding criteria, and the focus of the work that Health Canada would fund in communities. These changes led to some considerable challenges for seniors' organizations. Two of the biggest challenges were the move to a life stage approach and a new focus on work to influence public policy.

In the Atlantic region, later life or seniors' work was one of three life stages identified as priorities for funding (the other two being youth and adult). Seniors' organizations, therefore, now had their PHF proposals evaluated against those of youth and adult health organizations, with all projects being funded from a common pot.

Many seniors' organizations were not keen on the new funding approach. They felt the division of the work into life stages would limit seniors' ability to work on broader community issues. They also felt the new funding scheme was too directive in its focus on the determinants of health and on policy-related work. Although some seniors' groups saw this as being beyond their capacity, some very successful work came out of this initiative.

Health Canada attempted to strengthen the ability of seniors' organizations to compete for the PHF by holding provincial, regional, and national meetings, throughout 1997 and 1998, to introduce the PHF and the concepts of the population health approach. This report documents the role Health Canada played in helping seniors' organizations to build their capacity and to navigate in the face of these changes.

Legacy: The Life Stage Approach and Seniors' Funding in Atlantic Canada also identifies six key learnings the Public Health Agency of Canada can take from this reflection on the transition to a life stages approach to funding and includes several recommendations made by seniors' organizations.

In the final analysis, the life stage approach used through the PHF has proven to be an effective way to address the changing demographics and needs of Atlantic Canadian society. This effectiveness can be evaluated on the evidence generated by using the approach, by the strengthening of community capacity, and by the impact of the approach on seniors' work in Atlantic Canada.

SECTION ONE

INTRODUCTION

1.1 BACKGROUND

Over the past decade, the approach to work on seniors' issues within the Canadian federal government's health portfolio has changed significantly. Seniors' issues have gone from having dedicated funding of their own, to competing for funding with other life stages, such as youth and adult health. This has resulted in less funding being available for work that addresses the well-being of seniors. It has also meant that seniors' organizations have had to adapt to new ways of working and to new priorities and expectations from the funder. This change has not always been easy for seniors' organizations, nor for the federal employees who administer these programs. However, seniors' groups have repeatedly risen to the occasion and found ways to make the changes and limitations work for them. Although the changes to funding programs have sometimes caused resentment and challenges, they have also led to great successes, growth, and innovative work.

Now, once again, work on seniors' issues within the federal health portfolio faces change. On September 24, 2004, Health Canada's Population and Public Health Branch – and all the funding programs it provided – became part of the new Public Health Agency of Canada (PHAC). It remains unclear what this change will ultimately mean for seniors' work in the Atlantic region. Change is also on the horizon in the departure or re-assignment of several Program Consultants, particularly Irene Rose, who have been champions of seniors' issues in the Atlantic region, and who have provided valuable leadership and guidance in helping seniors to adapt to changes in programs and to produce excellent and important work.

As PHAC Atlantic navigates this period of change and determines how to continue the work on seniors' issues, it is an ideal time to reflect on the legacy of work on seniors' issues in Atlantic Canada to this point. This period of transition is also a valuable opportunity to review the impact, successes, and limitations of the life stage approach introduced in 1995, using the seniors' work in Atlantic Canada as an example. A focus on later life is particularly significant, as it is the only life stage in the Population Health Fund (PHF) which previously had a funding program dedicated to it alone.

This document, then, serves as a reflection on the work done by seniors on later life issues in Atlantic Canada to 2005. In the process of reflecting, PHAC Atlantic hopes to:

- offer an opportunity for those who have been involved in the work and who have been affected by past funding changes to have their voices heard and to share their stories;

- celebrate the successes and legacy of the later life work;
- explore the opportunities and challenges of working with a life stage approach to funding, using the later life work as context;
- reflect on the importance of strong relationships between Program Consultants and the community in carrying out funding programs;
- identify key learnings about what helped the later life work to succeed, even in challenging financial situations and times of stress and change;
- identify recommendations for the PHAC and seniors' groups as we navigate change in the future.

1.2 METHODOLOGY

This document examines the past three decades of seniors' wellness work in Atlantic Canada through a review of past evaluations and other documents created through New Horizons or Population Health Fund funding. Additionally, the document aims to capture the reflections and opinions of those who have been involved with seniors' work during this time – representatives of seniors' organizations who participated in projects, managed projects, and who have weathered the changes in issues and funding, as well as Irene Rose, the Health Canada and PHAC Program Consultant who, in particular, has been a constant during the many changes.

In 2005, PHAC Atlantic hired a consultant, Camille Fouillard, to interview and capture the comments and reflections of seniors who had been involved with New Horizons and the Population Health Fund. A number of key community stakeholders from seniors' organizations in the Atlantic region were also contacted by PHAC Atlantic to inform them of this reflection process and to seek their participation. A list of 10 people who were willing to be interviewed was created, including stakeholders from each province who collectively had a broad range of experiences working with seniors' organizations. (See Appendix A for a list of these participants.) Stakeholder experience included:

- staff of seniors' organizations
- members of Boards of Directors
- civil servants, academics, and consultants
- organizations that provide services to seniors.

The scope of their work included:

- organizing seniors' organizations or networks
- the development and implementation of projects on a local, provincial, regional, or national level

- addressing a wide range of issues including: housing, advocacy, advanced health care directives, elder abuse, support for caregivers, medication awareness, active living, and falls prevention. Many have been involved in research on these issues. Some have established continuing education courses for seniors through a université du troisième âge or local university.

Interviews were arranged and were conducted with eight community stakeholders. Ill health prevented the participation of one potential respondent. Another respondent was provided with the list of questions and responded in writing. Some follow-up work was done by telephone or through e-mail to ask participants to clarify or further elaborate on key points raised in the interviews.

During the interviews, respondents were asked several key questions. In particular, they were asked to:

1. provide an overview of their involvement in seniors' issues and organizations;
2. describe how their group experienced the transition from the New Horizons program to the Population Health Fund, including how the change was facilitated by the funder, and their own capacity to adjust their work to this new approach;
3. share the opportunities and challenges that arose out of this new approach;
4. describe the learnings that occurred; and
5. offer recommendations for the Public Health Agency of Canada in its ongoing work addressing the needs of seniors in the region.

Quotes were extracted from interview notes to highlight key points in this report. As much as possible, an effort was made to use the exact words and language of the interviewees and to allow those who were involved in the work to tell the story. During interviews, respondents used the terms "population health approach," "later life approach," "life stage approach," "later life," and "seniors" interchangeably to speak of their work. Those terms are thus used in the same way in this report.

SECTION TWO

THE PAST: NEW HORIZONS, 1972-1997

2.1 NEW HORIZONS

> The elderly had been shoved to the margins of community life, by income, by loss of employment, by invisibility due to lack of resources... The need for companionship, for activity, for significance is an irresistible force. The New Horizons Program is recognition of this, and has been an important contribution to the rich vitality of the Canadian seniors' movement. [1]

In the early 1970s, Canadians were increasingly concerned about the potential for seniors to be isolated and to lack social support. There was also a growing realization that actively participating in community activities contributes to emotional and physical well-being. It was acknowledged that seniors and retired Canadians needed more opportunities to become involved in their communities, to interact with others, and to use their skills and knowledge for the betterment of their own health and that of the community. To address this need, Health and Welfare Canada introduced the New Horizons Program in July 1972. Health Minister John Munro described New Horizons as a way to "substantially improve the quality of life for the retired of our country."[2] Launched as a pilot project, New Horizons had an annual budget of $10 million and funded seniors' groups in amounts ranging from $5,000 to $15,000 for service or self-help oriented projects. The program was granted continuing program status in 1974, and its budget was increased to allow more seniors' groups to benefit.

New Horizons was not the first funding program aimed at seniors' issues, but it was the first to directly fund seniors' groups to develop and carry out projects to benefit their own communities.[3] Specific objectives included:

- encouraging seniors to continue being involved with others in their community;
- alleviating social isolation;
- maintaining the physical and mental well-being of seniors through sustained activity;
- encouraging the strengthening of seniors' organizations;
- encouraging seniors to preserve and use their skills and knowledge.

The program had a community development philosophy, with a focus on seniors identifying the issues that needed to be addressed in their communities and managing the work themselves. In the Atlantic region, the program was administered by Health Canada staff based in four provincial offices. Program staff maintained regular contact with the groups, helped them to prepare applications and budgets, and recommended projects for funding.

To be eligible for funding, groups were required to have at least 10 members, of whom 70% were to be retired or over age 60. Projects were funded for a maximum duration of 18 months. After 18 months, the work was expected to be completed, or the group was to have made other funding arrangements for the continuation of the work. Eligible projects covered a broad range of self-help and community service initiatives, with an emphasis on creating social clubs and offices. In general, the projects fell into three categories:

1. community betterment – for example, historical research projects, raising funds and carrying out service projects, and creating or strengthening seniors' clubs;

2. self-betterment – projects that would help seniors to improve their level of physical or mental functioning and thereby enhance their well-being;

3. recreation – projects that encouraged seniors to be active and to interact with others, including trips, crafts, and sports.

Many seniors were not, initially, impressed with the new program. Although providing seniors with clubs and other means to socialize was important, they felt that the funding could be better used to address the serious economic issues many seniors faced – issues like inadequate housing, financial distress, and living on pensions that put them below the poverty line. The government maintained that New Horizons could make a positive difference in seniors' lives by giving them the tools and opportunities to interact and share their strengths, thereby giving the program the potential to address serious issues like housing and nutrition.[4]

A 1992 evaluation of the New Horizons program in Nova Scotia found that participants felt the New Horizons program had been successful in increasing their activity levels. Social interaction, like pot-luck dinners, dances, card parties, and drop-in centres, was a key outcome of the projects funded by the program. Programs such as Meals on Wheels and Friendly Visiting were spin-offs from those social activities and gave seniors a sense that they were making a meaningful contribution to the community. Most New Horizons projects tended to focus on enhancing or sharing existing skills (like rug hooking, painting, or furniture making) as opposed to developing new ones.

> *New Horizons was a forerunner around the world in helping seniors to have a real sense of ownership and control over programs or projects to help them improve their quality of life, to combat the prevailing sense of sadness and isolation seniors were experiencing in our culture... NH projects brought a lot of happiness into the lives of seniors to counter this. It helped to promote security, independence, healthy living...*
>
> Jane McNiven, Stakeholder, Nova Scotia

2.1 NEW HORIZONS: PARTNERS IN AGING

By the 1980s, funding for seniors' work had expanded. In 1988, the five-year Seniors' Independence Program was introduced. It extended funding to non-profit groups to carry out projects that promoted seniors' independence, in partnership with seniors and/or seniors' organizations. Seniors' groups could also receive project funding under the Ventures in Independence program, which enabled seniors to work with the private sector on activities that were to be non-profit in nature. In 1995, the New Horizons program was revamped to absorb the Seniors' Independence Program and the Ventures in Independence program to become a single funding body for seniors, known as New Horizons: Partners in Aging. The seniors' work would continue to focus on health promotion and the needs of vulnerable seniors.

Under the New Horizons: Partners in Aging program, seniors' groups in Atlantic Canada began developing a body of work in four key areas: Leadership, Caring for the Caregiver, Promoting Personal Health (including use of medication), and Elder Abuse.[5] Seniors' groups designed projects that not only addressed their needs, but also the greater well-being of the community. Some examples included:

- A New Brunswick project, *Vieillir en Santé*, created a 12-session program to address the myths, stereotypes, and realities of aging.
- Prince Edward Island's *Project Love (Let Older Volunteers Educate)* saw senior volunteers go into schools to tutor students with special needs.
- The *Peer Advocates Program* in Newfoundland and Labrador worked on several health issues, addressed isolation, and sought to connect with youth. It also aimed to address the particular needs of aging populations in communities affected by the crisis in the fishery.

By 1997, seniors' groups throughout Atlantic Canada had proliferated. In the 25 years since the New Horizons program was introduced, both the groups and the issues with which they dealt had matured and become more sophisticated. Groups had started out with modest funds to establish meeting places and social programs. The opportunities to socialize and to share experiences led participants in New Horizons projects to take on greater roles in shaping the well-being of their communities:

> New Horizons has created a model of enormous return for very modest investment. Canadians could build on it to create a seniors community that is one of the most vibrant and healthy in the world – at a cost that is far below any alternatives that currently exist… Without further support, the gains from New Horizons programs are once again fragile, tentative. It takes understanding of the need and respect for the benefits of such work to generate the political will to support it.[6]

By the late 1990s, a movement had been created, and expectations were raised. However, a significant change to the way seniors' work was to be funded was already under way, as the federal government looked for new, more efficient, and accountable ways to fund community initiatives. In the mid 1990s, community funding programs underwent a review. This resulted in a number of existing funding programs – including New Horizons: Partners in Aging – being rolled into one new funding scheme. In 1997, to the dismay of Atlantic seniors, the New Horizons: Partners in Aging program ended.

SECTION THREE

A CHANGING POLITICAL AND SOCIAL REALITY: THE CONTEXT FOR CHANGE

Two major shifts would influence the way in which seniors' work in Atlantic Canada would move forward after 1997: the changing demographics of the region, and Health Canada's introduction of the population health approach. This section provides the context for what happened to seniors' work, and why, when the New Horizons program ended in 1997.

3.1 SHIFTING DEMOGRAPHICS: THE RISING TIDE OF THE BOOMER GENERATION

In the years following World War II, Canada experienced a "baby boom" as soldiers returned home and started families. This population explosion was even more pronounced in the Atlantic region, which experienced a larger and longer baby boom than Canada in general.[7] This huge wave of births resulted in the youth-centered culture of the 1960s and 1970s and had a profound influence on almost every facet of society, especially popular culture and employment. When the baby boomers began to age, however, Atlantic Canada began to move swiftly from being a youth-dominated culture to having one of the most rapidly aging populations in the world. The impact is intensified by the fact that there are fewer children of the baby boomers in Atlantic Canada than in the rest of Canada. The 1999 report, *Shifting Sands: The Changing Shape of Atlantic Canada*, found that,

> In 1996, 12% of Atlantic Canadians were 65 and over. By 2011, when the oldest "baby boomers" turn 65, the proportion will increase to 15% of the population. Thereafter, the elderly population will grow rapidly: by 2036 the entire "baby boom" generation comprising nearly one-third of the population of the Atlantic provinces – will be 65 or over.[8]

During the period from 1970 to 1990, as the aging population grew, the under-20 population decreased rapidly. Beginning in the 1970s, as the Atlantic region's resource-based economy faltered, many of the region's young people began leaving to find better employment opportunities in central and western Canada. This regional out-migration was felt most keenly in Newfoundland and Labrador, which lost 28,300 people between 1991 and 1996. Today, as many of those young people age, they are returning to Atlantic Canada to retire, thereby contributing to the further aging of the Atlantic population.

Many seniors' groups felt that the "graying" of Atlantic Canada's population indicated a need for increased investment in their work. However, precisely at the time the region's seniors were becoming organized, their needs were growing, and their numbers were swelling, funding support for those activities was reduced.

3.2 POLITICAL CHANGE: A NEW APPROACH TO THE WORK

Although the government valued the work that had been done by New Horizons projects, it was facing change of its own. The 1990s had been marked by a government-wide policy of fiscal restraint and restructuring. Fewer funds were available for grants and contributions to the community, and the government needed to ensure that those funds were reaching the broadest possible audience and having maximum impact on the well-being of Canadians. Funding programs for community groups were expected to demonstrate accountability and strong, evidence-based returns on the government's investment. Changes to community-based funding programs were accompanied by the loss of the Cabinet post of Minister of State for Seniors. There were severe cuts to Health Canada's Division of Aging, and for a number of years seniors were not mentioned in any of the government's Throne Speeches (except in terms of becoming an increased burden to society). There was no dialogue within government about what Canada should be doing to create a society where it was good to grow old. Seniors feared that the changes and choices made within government meant that they had fallen off the political radar.

> *There seemed to be little awareness about the needs of an aging population, the lack of housing, the lack of seniors' homes, the poor quality of services within these homes... We know that the population is aging. As persons age, they need more frequent hospitalization. Yet governments continue to close hospital beds... Baby boomers are becoming seniors... governments are ignoring the need to foresee the structures and programs required to ensure the well-being of its aging population...*
>
> Claude Gervais, Stakeholder, New Brunswick

In the midst of this time of fiscal challenge, the government was also re-examining how it thought about health care and health status. The population health approach was introduced by the Canadian Institute for Advanced Research in 1989, but the concept had roots as far back as the early 1970s. The 1974 white paper on health, *A New Perspective on the Health of Canadians*, had suggested that changes in lifestyles or social and physical environments would likely lead to greater improvements in the health status of the population than could be achieved by simply spending more money on health care services. The 1986 Ottawa Charter for Health Promotion also focused on the broader social, economic, and environmental factors that affect health – the determinants of health, which form the basis of the population health approach. In 1989, the Canadian Institute for Advanced Research proposed that individual determinants of health do not

act in isolation. Rather, it is the interaction among determinants that can have a far more significant effect on health. For example, unemployment can lead to social isolation and poverty, which in turn influences one's psychological health and coping skills. Together, these factors can then lead to poor health.[9]

In 1994, the population health approach was officially endorsed by the federal, provincial, and territorial Ministers of Health in a report entitled *Strategies for Population Health: Investing in the Health of Canadians*. As part of a departmental restructuring and realigning of priorities, Health Canada made promoting the population health approach one of its four business lines.

SECTION FOUR

THE PRESENT: THE POPULATION HEALTH FUND AND THE LIFE STAGE APPROACH, 1997-2005

As part of its new population health approach, the government created the Population Health Fund (PHF), to replace many other health promotion funding programs, including the New Horizons program. The goal of the PHF is to increase community capacity for action on or across the determinants of health. Through its time-limited project funding, the PHF aims to meet three main objectives:

- to develop, implement, evaluate, and disseminate models for applying the population health approach;
- to increase the knowledge base for future program and policy development;
- to increase partnerships and develop intersectoral collaboration.

The termination of the New Horizons: Partners in Aging program and the introduction of the PHF was not merely a change in name or a reorganization within government. It represented a significant shift in philosophy, funding criteria, and the focus of the work that Health Canada would fund in communities. These changes resulted in some considerable challenges for seniors' organizations. Perhaps the biggest challenge was that under the new approach to funding in the Atlantic region, there was no longer a dedicated funding program for seniors' issues. Instead, specific life stages would be targeted for funding and would receive project funds from a common pot.

The population health approach emphasizes healthy development through all the life stages – childhood, youth, adult, and later life. A life stage approach to funding projects is not, on its own, a population health strategy. However, the population health approach does recognize that people at different stages of their lives have different needs, and that the determinants of health do not interplay uniformly across all life stages. For example, the strategies needed to influence the determinants of health for a child will look different than the strategies needed to influence the determinants at other life stages, such as adult or later life. This is one of the reasons the Atlantic region of Health Canada decided to use a life stage approach to funding through the PHF.

Although funding to seniors' organizations through New Horizons had, technically, been a life stage approach, most other health funding at the time was issue- or problem-based (for example, funding was targeted to AIDS, tobacco, or drugs and alcohol). The intent of the move to a life stage approach was to move population health initiatives away from a focus on health problems or deficits, towards a greater focus on community capacity building and creating conditions for health.

In 1998, as the population health approach was operationalized, Health Canada hired a contractor, Susan Lilley, to prepare an analysis of how the work that the department had

funded in the past had already been influencing the determinants of health through a life stage approach. This analysis found that the work funded through New Horizons had a strong emphasis on social environments. Projects had increased awareness of seniors' issues and increased seniors' access to services. One-third of later life projects resulted in intersectoral collaboration, and 10 projects had influenced policy and programs relating to social environments.

Developing social support networks for seniors was also an important focus of activity for later life projects. Many projects trained volunteers and developed support and counselling programs for at-risk seniors or caregivers. Over one-quarter of projects resulted in new policies or programs to support mutual aid.

Personal health practices and coping skills were also addressed by most later life projects. Most projects improved knowledge and skills regarding health and increased access to resources/services. Volunteers were used to provide education in many of these projects. Nearly one-third of projects reported behaviour changes such as improved lifestyle and nutrition.

One-quarter of later life projects worked on health services. Most of these projects carried out needs assessments regarding seniors' access to services. Some projects developed partnerships to meet the needs; however, only three reported the development of appropriate policies or programs relating to health services.

In the Atlantic region, three life stages were identified as priorities for the PHF: youth (ages 6-25), adult (25-55), and seniors or later life (55-90+). Seniors' organizations, therefore, found themselves competing for limited funds with the other life stage priorities. Additionally, there was an expectation that projects would have a regional scope, as opposed to the provincially based work seniors had created through New Horizons. Finally, the government restructuring that resulted from the climate of fiscal restraint meant that Atlantic seniors' groups no longer had a Program Consultant in their own province with whom to work; only one Program Consultant would be working on seniors' issues in the entire region, and the position would be located in Halifax. Seniors' organizations were, therefore, faced with the challenge of doing more with less.

4.1 FACILITATING THE TRANSITION

The conclusion of the New Horizons: Partners in Aging program came as a shock to seniors' organizations in Atlantic Canada. Although many had suspected that change was in the air, they had not been consulted about their needs, or how a new funding approach might meet them. This perceived lack of communication and respect led to resentment. Recognizing that seniors were angry and frustrated with the cancellation of New Horizons, Health Canada organized a series of meetings to help facilitate the closure of the program and to help seniors' organizations begin the transition to working with the new PHF and the population health approach. In late 1996, meetings were held in each

Atlantic province, bringing together stakeholders from seniors' organizations to share experiences and to celebrate the achievements of the New Horizons' programs. Four delegates from each of these gatherings were selected to represent their province at a regional meeting, held in Halifax in January 1997. At these meetings, seniors were encouraged to refocus their disappointment with the cancellation of the New Horizons program and to use that energy to find ways to make the new population health approach work for them.

Even as seniors were skeptical about Health Canada's intentions, they were grateful for the opportunity to meet and discuss their feelings. They praised the work of the regional Health Canada staff who offered their support during the difficult and uncertain transition period:

> *The Atlantic meeting... was organized by wonderful people: Margie Macdonald, Irene Rose. Susan Lilley was very good at facilitating a positive discussion. She directed us to accept the cancellation of New Horizons as a given and said Health Canada consultants were committed to helping us in any way they could.*
>
> Jane McNiven, Stakeholder, Nova Scotia

> *Our relationship with the staff at [PHAC Atlantic] has always been extraordinary. It is easy to access all the help needed.*
>
> Marie Corinne Bourque, Stakeholder, New Brunswick

> *When PH was introduced in 1997 we as staff of PPHB were challenged to describe to [the] community how to operationalize the concepts/principles of the approach. Internally we struggled and looked for ways to make the concepts concrete. We had Susan Lilley do the analysis of the old style of projects and produce the document* A Look at Projects ... through a Population Health Lens. *This helped us understand that a lot we had previously done had impacted on the determinants of health and that the shift was not quite as dramatic as it might have first appeared. This information was useful in explaining to seniors organizations that this new approach was a logical progression in how they addressed seniors issues. It helped to ground the concepts.*
>
> Irene Rose, PHAC

At the regional meeting, two representatives from each province were chosen to represent the region at a national meeting in Ottawa. At this national meeting, delegates were introduced to the new PHF and its approach. Initially, some respondents did not feel the population health approach would work to address seniors' issues. They viewed the PHF as too restrictive. Many mourned the loss of the dedicated focus on seniors' issues and the move towards compartmentalizing issues into life stages:

When New Horizons was cancelled, I felt that, as a whole, seniors could not do much with an approach that focused on health determinants... It was like a house had been built for seniors' groups during the New Horizons program, and the structure was now being taken out from under them. Seniors' groups were being left naked without a house... When I went to the Ottawa meeting... [p]resenters from Health Canada said they would be using the same philosophy and participatory approach as they had used with New Horizons... We were meant to use the structures we had built and apply them to the new program, but the only reason seniors got any subsequent project funding was because of the dedicated consultants at Health Canada... who worked like crazy to try to make us fit in.

Jane McNiven, Stakeholder, Nova Scotia

In some cases, projects funded by the New Horizons program were natural precursors to the population health approach. A number of projects funded through the 1980s and 1990s were about building capacity for seniors to gain a political voice and to move beyond individual behavioural change to work that focused on the broader community at provincial, regional, and national levels. Some requirements of the population health approach, such as a greater emphasis on evaluation and the need to work with partners, were already strategies a number of seniors' organizations had begun to adopt in their work. The PHF provided opportunities for them to continue to build on and refine this work.

4.2 WORKING WITH A LIFE STAGE APPROACH

When the PHF was introduced, most seniors were not enthusiastic about the life stage approach. Despite the fact that their work funded by New Horizons had reflected such an approach, most seniors felt that the division of the PHF into life stages meant that seniors were in competition with youth and adults for an already shrunken funding pot. There was also fear that the division of work into life stages would limit the ability of seniors to work on broader community issues. Some viewed the demise of the New Horizons program and the move to the life stage approach as discriminatory and indicative of seniors' lack of political voice with decision makers:

When this population health approach was first introduced, many seniors' organizations were kicking and screaming about it, as it seemed a very bureaucratic approach... Some of the requirements of the later life approach were met with, "Oh God, do we have to do this?"... The big downside of the population health approach has been that there is less focus and less funding for the Later Life stream. The focus is on children and youth. Is this ageism, that seniors are not a priority?

Pat Malone, Stakeholder, Prince Edward Island

There is a danger in focusing on the life stages approach because you end up setting up different groups in competition with each other for financial support. It

doesn't encourage a broader community-based approach to dealing with issues. Too much focus on age undermines the resources and vitality of a community. You might have four generations in one family and they can all be involved in resolving a problem. The life stages approach can be too artificial. It doesn't respect the interconnectedness in community.

Marilyn More, Stakeholder, Nova Scotia

Some groups did, in time, find ways to link later life work to the other life stages. In general, however, most seniors' organizations felt that the life stage approach led to artificial divisions that worked against community development.

Other organizations embraced the new approach, or at least came to better appreciate it as they become more familiar with its possibilities. For all seniors' organizations, the life stage approach offered new opportunities as well as challenges:

The life stages approach fit very well with our mandate. It allowed us to expand and do what we wanted to do. We had to tailor our work, but we were always able to stay within our mandate of promoting independence... It's good when we can match needs with government criteria... When a funding opportunity can be tied to a real need, that's when we can do something and really take the work to the next step.

Rosemary Lester, Stakeholder, Newfoundland and Labrador

Irene Rose, as program consultant, has been very key to the success of the projects using the life stages approach. She is not a typical bureaucrat. She has helped each committee by helping them talk through their projects. She is a real community development person. She has done so much for the region. She has a very articulate approach and is very committed to community and seniors' issues. She is not just defending the government's decisions. We know she's at the table supporting seniors. She informs us of what is coming down the tube. If she can't get what we need, she explains it to us. She's also provided continuity. She was there before the demise of New Horizons and she is still around. She provided leadership and led us through the transition.

Pat Malone, Stakeholder, Prince Edward Island

4.3 ORGANIZATIONAL CAPACITY FOLLOWING THE CANCELLATION OF NEW HORIZONS

If the new life stage approach represented a philosophical shift for some groups, the introduction of the PHF also meant some significant, practical, operational challenges. Many seniors' groups found this transition time painful. Much of it was spent fighting for their very survival. Some organizations were unable to sustain important programs. For others, programs faltered without New Horizons funding, and their organizations limped along until they were able to secure further funding elsewhere. In some cases,

organizations survived because of the dedication of one or a few individuals who were willing to work on a volunteer basis and set up an office in their own home. For some, that struggle to survive continues to this day:

> *The challenges we faced during the New Horizons era are the same as we face now. The main one is obtaining funding beyond project dollars, beyond the limited timeframes of that model... We never had sustaining funds for a full-time person in our budget... Much of our funding comes from our own fundraising events. When we make up our annual budget, we can only guess at our income for the coming year.*
>
> Rosemary Lester, Stakeholder, Newfoundland and Labrador

The new PHF had new requirements for funded groups – requirements that many seniors' groups felt were onerous. For example, the PHF required organizations to work regionally, often in both official languages. Many of the seniors' organizations did not have the capacity, at that point, to take on the administration of a regional project.

The seniors' organizations that were most ready to successfully take on PHF projects were those that already had a provincial focus, or at least province-wide connections. They were also organizations that had the vision and preparedness to respond to issues using a broader approach, and they had the resources and capacity to prepare the more demanding proposals and reports required by the PHF. Finally, the groups with the greatest capacity to successfully make the transition were those able to understand and frame their work using the population health approach.

> *The new focus of PHF made us work collectively, as opposed to beating our breast on our own. Health Canada expected us to seek out partnerships with other sectors to help raise the profile of seniors' issues. I think the New Horizons program was parochial, while this new approach was global, encouraging us to address a broader spectrum of issues. The Seniors' Resource Centre was able to benefit greatly from the tremendous new opportunities created by the PHF.*
>
> Reg Gabriel, Stakeholder, Newfoundland and Labrador

Adaptability was a key characteristic of the groups that were able to embrace and benefit from the new PHF. The ability of so many Atlantic Canadian seniors' organizations to adapt to the change within a very short time period is commendable. They were able to change their approach, expand their mandate, adjust their strategies, and figure out how to match their needs to evolving program criteria.

> *We did not have to change our mandate, which has always been to offer ongoing education in healthy living and health promotion for the 50+ population in our province. We adapted and were able to take advantage of different ways of obtaining available funding... If there are lessons to be learned, it has been to confirm our belief that we always need to have a Plan B, and sometimes even a*

Plan C, if we want to ensure the survival of our organization and the realization of our mandate.

Marie Corinne Bourque, Stakeholder, New Brunswick

My reflection on the process [is] that is was the seniors who made the most adaptations and I am in awe of the growth they underwent in order to conform to the demands of the PHF.

Irene Rose, PHAC

It was clear that if the good work they had begun under New Horizons was to survive, seniors' organizations would need to band together in order to make the new funding program work for them. They would need to learn to share scarce resources, to be creative in finding funds to continue their core work, and to rely less on government.

4.4 NAVIGATING THE FUNDING CRITERIA

Other changes seniors had to manage with the new PHF were a more demanding application process and new funding criteria. Whereas most seniors' organizations had found the New Horizons application process to be very simple, they found the PHF application to be complicated and disrespectful of their time and capacities. To be eligible for funding, groups had to develop a more detailed proposal using a determinants of health framework – something with which not all groups were comfortable. Not all groups had staff they could dedicate to this work. The PHF, with its focus on action on the determinants of health, was also seen as much more directive in the kinds of projects that were eligible for funding. Some groups found the new process to be a deterrent. Others saw the process as too much work for too little money.

Developing projects to meet the criteria of the population health approach was much more complicated [than with the New Horizons program], more than most seniors could do. Seniors' groups did not understand the new lingo, didn't know what the concept of population health was. They did not understand how to frame their projects through a health determinants lens. They did not know how to develop projects that met their own needs and fit the criteria of this new approach.

Olive Bryanton, Stakeholder, Prince Edward Island

The PHF was seen as far less flexible than the New Horizons program. With the changes to funding, seniors' organizations were under extreme stress to make ends meet. This added to seniors' perception that the government did not understand their realities and needs.

Although most of the seniors' groups did find the new process to be challenging, some saw the challenge as an opportunity to grow and further develop their organizational capacity:

Defining our work using the population health approach and health determinants lens was beneficial... it forced us to make sure that we identified and made the links between the various elements underpinning the issue, such as income, inadequate housing, education, etc. This emphasis was beneficial even if it required more work and more thinking.

Reg Gabriel, Stakeholder, Newfoundland and Labrador

I found this approach very interesting. Increasingly I have realized that this formula for project development has forced people to develop a strong rationale for their projects. They need to articulate more clearly what they will do and how.

Claude Gervais, Stakeholder, New Brunswick

The application process was the most tangible example of how the community funding landscape had been altered with the introduction of the PHF. Community organizations felt the government had left them on their own to navigate the changes and to meet the new requirements. Organizations were not offered training for the new process, and with the internal government restructuring, all four Atlantic provinces were sharing one Program Consultant, located in Halifax. The competition for funding was greater, the process to get funded was more difficult, and seniors did not feel the government was committed to helping them succeed.

4.5 THE CREATION OF THE ATLANTIC SENIORS HEALTH PROMOTION NETWORK (ASHPN)

The provincial and regional meetings that were held at the closure of the New Horizons: Partners in Aging program provided seniors' organizations with an opportunity they had not had before: the opportunity to liaise, to share, and to form collaborative networks. In this way, the cancellation of New Horizons opened a door to a new, collaborative way of working, and led to the creation of the Atlantic Seniors Health Promotion Network (ASHPN) at the Atlantic regional meeting:

Where there had been funding for many projects and activities through New Horizons, now groups had to compete with each other for the scarce funds. Seniors' organizations learned that in order to access funding they needed to work across the Atlantic region with a different approach. This was both a necessity imposed by Health Canada and an opportunity, as it turned out.

Pat Malone, Stakeholder, Prince Edward Island

We were part of an Atlantic-wide initiative to save New Horizons. Health Canada took advantage of this movement that had come together to harness the interest and the energy and support the formation of ASHPN. The population health work became the silver lining. It helped redirect the work. It provided resources for

ASHPN to meet. The Network got off its feet and directed this new broader regional approach...

Marilyn More, Stakeholder, Nova Scotia

The provincial meeting [for Newfoundland and Labrador] gathered seniors from all over the province to celebrate our successes. This was the first opportunity we had ever had to meet. The Pensioners and Senior Citizens Federation would bring its members together to meet. Representatives from Seniors Clubs got together to talk about what they were doing. But this was the first time that this broader group was gathered. The creation of ASHPN was also great because we got to find out what other provinces were doing.

Rosemary Lester, Stakeholder, Newfoundland and Labrador

The first challenge to seniors was working across provincial boundaries at a regional level. They had been introduced to the idea when they met around the completion of the New Horizons: Partners in Aging program and when they journeyed to Ottawa they were a commanding presence at the National meeting. They were recognized as the Atlantic presence and realized that together they were stronger. When they returned home they were anxious to stay in touch and to share ideas and information among themselves. At the same time regionally we were realizing the resources in the new PHF were going to be very tight. It made good sense both economically and strategically to have the seniors work regionally . We hoped it would be a win-win.

Irene Rose, PHAC

Another regional meeting followed to further determine a structure and mandate for the ASHPN.[10] A rotating structure was adopted to house and administer projects. Each project would be carried out in all provinces under the direction of the ASHPN, but one provincial organization would provide the necessary administrative support. Provincial organizations would share this responsibility for different projects on a rotating basis. In this way, seniors' organizations in Atlantic Canada had their first collaborative success: they had quickly found a way to work together to meet the challenges the new funding program posed for them.

4.6 THE FOCUS ON POLICY

The PHF is a national program, administered at a regional level. Although it has the same goals across the country, each region has used the Fund to meet its own regional objectives. The Atlantic region was the only one to adopt a life stage approach. It was also the only region to decide, from the PHF's inception, to focus on building community capacity to influence public policy.

The population health approach emphasizes multi-faceted, upstream interventions to act on the determinants of health. One of the most effective ways for communities to influence the determinants is to take action to influence public policy. The Atlantic region, therefore, decided to use the PHF to fund projects that would build community capacity to influence policy outcomes. A number of community think tanks were held on the issue of working to influence policy, in order to introduce the community to the idea, as well as consultations to determine how such a focus could meet the community's needs. Together with an intersectoral working group with members from across Atlantic Canada, the Atlantic region developed a five-year initiative for the PHF, with three specific goals:

- to create more opportunities for dialogue between decision makers and communities relating to the development of healthy public policies affecting seniors, youth, and socially and economically marginalized populations;
- to enhance the capacity of the community to work on policy issues;
- to enhance the capacity of government departments to work collectively with the community to develop healthy public policy.

This focus on policy seemed, at first, to be limiting to seniors' organizations. Although many had already been working on policy issues, the funding available under the New Horizons programs had not been so targeted. Many community groups, therefore, felt that the new PHF was too directive – they felt that the funder had very narrow and specific ideas about what an acceptable project would be, and that the community had to try to fit their needs into that vision.

> *The PHF knocked out any organizations that weren't going to get involved in policy work for whatever reason. The potential for this work to have a real impact is there, but because it's policy work, it takes time to see the results, similar to community development work. With the PHF, we have to follow the government's lead.*
>
> Gail Bruhm, Stakeholder, Nova Scotia

> *Not all seniors' organizations made the switch in project styles. Organizations that had previously received activity funding from New Horizons have not to this day received any PHF money. These organizations and their members did not see a connection between their needs and what the PHF had to offer. Even when support and encouragement was offered they were reluctant to enter into the process. Reasons for this can be surmised but without investigation they cannot be validated.*
>
> Irene Rose, PHAC

Seniors' groups described the difficulties with this approach as being the complexity of the policy field, the need for comprehensive research before beginning a project, the lack of government will to implement policy change, the lack of immediate results, and the need to sustain the work long after the project funding had ended. They felt that, once

again, the government had failed to listen to and respect their needs. Although they had been consulted and included in a participatory process to develop the policy initiative, many seniors' organizations felt that the government had failed to consult with the community to determine the seniors' agenda.

> *Policy development is a long-term and complicated process. The realities are the same for seniors as for other segments of the population. Some are interested in policy development, but the majority is not. For the seniors who are interested in policy development there needs to be financial resources available to help them educate themselves and others, and to build strategies to move the process forward.*
>
> Olive Bryanton, Stakeholder, Prince Edward Island

Resources were made available, in time, to help seniors and other community groups to develop their understanding of public policy and to work on policy issues. Some important work has been created by Atlantic seniors in this area. The *Shifting Sands* project, undertaken by the ASHPN and described in more detail in Section Five, is one example. *Shifting Sands* was a research report that examined the social, economic, and demographic changes in Atlantic Canada and the resulting policy implications. The project was seen as a major regional success and inspired some seniors' groups to become more involved in and knowledgeable about policy work.

> *As work on* Shifting Sands *developed, the role of ASHPN strengthened. Representatives were asked for their input to policy discussions, they were seeking out opportunities to tell their story and they were being asked to take a role in areas that they had never been invited into before. The knowledge they had acquired gave them credibility and they used it.*
>
> Irene Rose, PHAC

> *Although Canadian Pensioners Concerned has been working in the policy area for many decades, the population health approach helped us understand even more clearly how policies and programs are developed. It enlightened us as to how seniors can be involved in policy development and, most importantly, the skills we will need to have or develop in order to influence the development of policies and programs which will promote healthy aging in the future.*
>
> Jane McNiven, Stakeholder, Nova Scotia

4.7 LATER LIFE NETWORKS AND PARTNERSHIPS

Most seniors interviewed for this document felt that there was great value to the regional networking opportunities that the PHF made possible. At the same time, however, they also felt that regional projects were not always effective – they took a good deal of time and required organizational support that put a strain on struggling groups. As a result, not

all groups were able to participate. Many seniors' groups felt that they lost their ability to respond effectively to the needs of their own communities with the PHF's regional focus.

> *The downside of this regional focus was that there was less of a local or provincial focus. There was less grassroots involvement. Participants in these projects really benefited, but all other provincial organizations did not have the same opportunity.*
>
> Pat Malone, Stakeholder, Prince Edward Island

On Prince Edward Island, the formation of the ASHPN inspired seniors' organizations there to form their own ASHPN PEI, which eventually became the Seniors United Network (SUN). Other provinces also worked at creating networks through their seniors' organizations, resulting in less work in isolation and greater cooperation among seniors' organizations around the region. In New Brunswick, the approach encouraged further collaboration between the anglophone and francophone communities.

> *One project that was effective was the Atlantic Falls Prevention Initiative, carried out in all Atlantic provinces. Project participants from each province were able to meet face to face several times. We were able to share our efforts and that worked quite well... In my opinion, this has been the only true networking project. With other regional projects, we have not partnered in a real sense. Some partners were not participating in what was really going on.*
>
> Olive Bryanton, Stakeholder, Prince Edward Island

One of the requirements of the PHF is to build partnerships across sectors. For some seniors' organizations, the partnership requirement meant business as usual. They describe how the population health approach to building partnerships has broken down the traditional silo approach to government-funded projects. People have learned to work across special interests and sectors. The population health approach has inspired the creation of broad and effective networks within the Atlantic provinces – networks that now reach well beyond the seniors' community to include other sectors. They can include various university and government departments, as well as different levels of government: federal, provincial, and municipal. They can also involve the business sector, unions and professional associations, the Fire Marshall, the RCMP, and a wide spectrum of the non-governmental, non-profit, and voluntary sector.

> *It has not been difficult for us to build partnerships because we have always worked with others. This is what we want to do. When we have wanted to formalize a relationship, we have invited people to the table... The thing that has changed in terms of the way we work is that we now see ourselves as facilitators. We bring people together to make things happen.*
>
> Rosemary Lester, Stakeholder, Newfoundland and Labrador

For other groups, the partnership requirement has been another example of how the PHF placed a burden on groups whose resources were already stretched:

... people are very busy, and sometimes it's hard to get them on board before a project has been funded... It is easier to find partners once the funding is in place and people know the project will actually go ahead. It's also important to have the right partners – the partners you really need ... There is no way there's ever been true partnership [with a PHF project] where everybody sits around together and brainstorms. Usually one group initiates with a concrete idea and they look for collaboration.

Olive Bryanton, Stakeholder, Prince Edward Island

4.8 AN EMPHASIS ON EVALUATION AND EVIDENCE-BASED WORK

The population health approach emphasizes actions and interventions that are based on evidence. The PHF, therefore, requires projects to evaluate their outcomes and to make evaluation an intrinsic part of the project work. Some seniors' organizations found this requirement to be yet another challenge: a task that required both skill and resources. It was seen as another area in which the PHF was far less flexible than New Horizons:

But I wonder when you're doing a project, how deep the evaluation really needs to go? Does each project have to be fully evaluated? This requires so much time and finances... The evaluation needs to fit the project. There may not need to be a large elaborate evaluation piece for every project. Without the need for an outside evaluator, the 10% of the budget that is usually dedicated to evaluation could be used for other purposes.

Gail Bruhm, Stakeholder, Nova Scotia

In general, however, most of the seniors interviewed for this document viewed the increased emphasis on evaluation favourably. The skills they gained through engaging in participatory evaluation carried over to aspects of their work beyond PHF projects and helped them to meet financial and program accountability requirements for funders and partners.

We made evaluation work for us. We saw it as a continual process. It helped us to constantly improve how we did things. It allowed us to correct errors, to go in different directions if we weren't being effective. We used evaluation in all aspects of the work... Projects had a much wider impact when the evaluation was integrated into the work of the community groups.

Marilyn More, Stakeholder, Nova Scotia

Originally, when we began to do these evaluations, people thought it would be all negative. But evaluations can point out all the good things happening and how to change or address the difficulties.

Pat Malone, Stakeholder, Prince Edward Island

4.9 THE IMPACT OF THE LIFE STAGE APPROACH ON SENIORS' WORK

The life stage approach and the PHF have had a significant impact on the seniors' work carried out in Atlantic Canada over the past decade. Many seniors' organizations say that the greatest impact has been on the ways in which their groups work. Partnerships and networks have increased and have been strengthened. Organizations say they now spend more time planning and evaluating their projects. Some say their experience using the population health approach has brought them greater awareness about the needs of seniors and about the value of effective strategies to address those needs. A number of the people interviewed for this document shared specific examples of projects and how the population health/life stage approach led to specific policy or program changes:

> *For the recent ASHPN project,* More Than Shelter, *we can see government action in all the Atlantic Provinces concerning housing for seniors. It is probably serendipitous that 'affordable housing programs' and two federal task forces on seniors happened during the course of the project, and each province was able to have input in these task forces, emphasizing housing policies and programs for seniors. It put ASPHN and their representatives in a position in each province to be involved in housing for seniors which I think will continue.*
>
> Jane McNiven, Stakeholder, Nova Scotia

Although Health Canada/PHAC has made training and resources about policy-related work available to community organizations over the past five years, seniors' groups have identified a need for ongoing training and capacity building in this area. Some groups interviewed for this document said they feel that policy work is a long-term activity and that it is too early to know the true impact their work has had. Furthermore, some were cynical about potential impacts because of the short-term nature of PHF projects. The greatest concern was that the short-term nature of PHF projects limits the community's ability to carry out meaningful work with long-term impacts:

> *The Seniors United Network has been launched to help seniors to affect policy change. SUN is now ready to take the next step – to bridge the knowledge gap and to build collaboration between Island seniors and the public sector to develop the scope of the dialogue on issues of aging. We need access to long-term sustainable funding – operational funding and program funding – so that our energies can focus on improving the quality of life for the seniors of today and tomorrow.*
>
> Pat Malone, Stakeholder, Prince Edward Island

> *For seniors in general, it has not resulted in any significant change. This is largely due to the lack of funding to sustain activities and programs... Governments can go on believing that by reading these reports, a lot of things are*

happening for seniors, but if you look at the individuals within this population, there has been no impact...

Claude Gervais, Stakeholder, New Brunswick

Nevertheless, many groups now feel they have become much more knowledgeable about the policy development process and how to influence policy. They have a greater awareness of the various stages involved in policy work, including research, developing partnerships and collaborative strategies, defining new policies, working with other sectors, etc.

I was most impressed when the announcement of the Romanow Commission occurred and members of ASPHN talked about how they should approach the Commission to make a presentation. It was decided that they would apply as individual groups, as it gave them a better chance to be invited before the Commission. Several of them in fact were invited and others submitted written papers for the Commission's consideration... In recent years as inquiries, task groups or commissions toured the country, representatives of Atlantic seniors have been there. They have spoken out on housing, homecare, and other senior issues as well as on topics that affect them in other ways like youth suicide. I credit the seniors' passion and commitment in bringing back the New Horizons program to Social Development Canada.

Irene Rose, PHAC

SECTION FIVE

BEYOND PROJECTS: HOW THE LIFE STAGE APPROACH HELPED TO SHAPE THE SENIORS' AGENDA IN ATLANTIC CANADA

In addition to the PHF projects carried out by groups, work on later life issues over the past decade has been shaped by three key initiatives: *The Strong Face of Age*, *Shifting Sands*, and the Falls Prevention Partnership with Veterans Affairs Canada. This section briefly describes each of these initiatives, and how they shaped the agenda for seniors' work in Atlantic Canada.

5.1 *THE STRONG FACE OF AGE*

From a long list of key factors influencing seniors' health, identified at an August 1997 regional meeting of Atlantic seniors, the ASHPN chose myths, attitudes, and perceptions about aging as the area it wished to address through its first PHF project.

The goal of the project, called *The Strong Face of Age*, was "to begin the process of changing the societal image of seniors from frail and dependent to an image of active, independent people who make contributions to society."[11] While the project was a regional initiative, it was carried out at local levels, targeting media, policy makers, health care professionals, and seniors. It was the first truly regional project on seniors' issues funded by Health Canada and was a test of sorts for the newly formed ASHPN and the population health approach.

The ASHPN designed a two-phased project, in which seniors from across the region received training in the basics of community-based social marketing and then created work plans to meet the local needs of their own provinces. The project unfolded differently in each province. New Brunswick, for example, established three Speakers' Pools in which over 70 seniors were trained to give presentations designed to address the myths of aging. Newfoundland and Labrador used a town hall format to bring together community and policy makers. Prince Edward Island sponsored a Celebration of Aging and Artistic Competition, which profiled a number of active, vibrant seniors whose lives demonstrated the positive aspects of aging. Finally, the Nova Scotia group created a video aimed at dispelling the negative images of aging.

Overall, the project was a success for the ASPHN. Not only was the work of high quality, the collaboration across the region helped seniors' organizations to gain confidence in their ability to make effective use of the PHF and the population health approach, and helped to raise the profile of seniors' issues. As with most other aspects of work

associated with the PHF fund, the chief concern of participants was that the funding was too short to allow for significant, long-term impacts.

> *It was surprisingly easy to get the seniors to agree on the focus of their first work.* The Strong Face of Age *proved to be a positive first step for this collaborative work. It was a broad enough topic to include everyone and it touched a passion in all of them. The work done in this project is still referred to on a regular basis.*
>
> Irene Rose, PHAC

5.2 *SHIFTING SANDS*

The Strong Face of Age initiative had established interest and information for further seniors' work in the Atlantic region. In 1998, the Atlantic regional office of Health Canada's Health Promotion and Programs Branch began work on an initiative that would help to solidify the understanding of later life issues for both Health Canada and the community. Working with the Atlantic Seniors Liaison Committee, several related pieces of work were planned, including a research report, a series of workshops, and a tool kit.

The initial piece of work was the development of the document, *Shifting Sands: The Changing Shape of Atlantic Canada.* This document examined key demographic and economic trends in Atlantic Canada and highlighted their potential impacts on the lives of seniors and the population as a whole. The purpose of the document was to promote discussion and planning at both community and government levels and to increase awareness about the policy implications of an aging population. A speaker's kit and training materials were later developed to help the community to use the document.

> *The development of the document* Shifting Sands *was a pivotal point in the Later Life work... This Region had undertaken many environmental scans but this was the first for seniors and a real eye opener for many. I remember the seniors' shock when they first saw the population pyramids. They had never seen such a powerful image of the effect of population aging. The document was a rallying point for them as they sought to awaken policy makers and the community at large about the implications of this shift.*
>
> Irene Rose, PHAC

Following the release of the report, a PHF project called *In Support of Shifting Sands* was initiated. The project included provincial and regional meetings, which were designed to identify the specific factors influencing seniors' lives and their relationship to policy issues. The project evolved into a second phase, which had an increased emphasis on discussions with government sectors on the policy issues that were identified in the first phase. In December 2001, the final stage of the project concluded with three Atlantic policy statements, which were intended to be a framework for further policy work on later life issues.

The *Shifting Sands* initiative increased capacity and opportunities for networking, and established connections between community and policy makers that helped to lead to further actions. The demographic and economic trend information contained in the report helped to validate the need for policy action on later life issues and was used extensively to inform other population health work in the region.

5.3 THE FALLS PREVENTION INITIATIVE

A key part of the population health approach is the focus on working collaboratively, both within and across sectors. To be eligible for PHF projects, community groups are expected to demonstrate that they have formed effective partnerships. In August 2000, Health Canada began an initiative which helped to model this commitment to collaboration, by entering into a partnership with Veterans Affairs Canada. Together, the two departments created the Falls Prevention Initiative (FPI) to address the health problem of falls for Canadian seniors and veterans. The goals of the FPI were to:

- advance understanding of effective falls prevention interventions for veterans and other seniors using a population health approach;
- develop the capacity of community and veterans' organizations to develop and deliver sustainable community-based health promotion programs addressing falls prevention using the population health approach; and
- strengthen the capacity of the two departments to deliver health promotion programming to older Canadians using the population health approach.

Using the PHF as a funding mechanism, the FPI provided time-limited funding for community-based projects that promoted the independence and quality of life of veterans and seniors by preventing the number and/or reducing the severity of falls. Twelve projects were funded in Atlantic Canada. The target clientele of the FPI included community-dwelling veterans, seniors, and their caregivers. The FPI was in place until March 31, 2004.

The FPI and its funded projects were successful in developing knowledge, partnerships, and capacity. The Initiative helped to identify a number of promising falls prevention interventions and models. Through the work of the projects, delivery of information sessions, distribution of tools, etc., it was also reported that public awareness of effective falls prevention approaches utilizing a population health approach had been increased. Capacity in these areas was improved within Health Canada and Veterans Affairs Canada, as well as within seniors' and veterans' organizations. Even though veterans' organizations may not have used the term "population health" to describe the work they were doing, those involved with the projects did appreciate the basic principles of the approach.

The partnership between Health Canada and Veterans Affairs Canada was successful in the regional management of the FPI. Communications and clarity of roles were the chief problems experienced by the two departments in collaborating on the work. Health Canada was able to share its expertise in managing community-based projects and was able to share the principles of the population health approach with an audience broader than its usual health and community partners.

SECTION SIX

KEY LESSONS: WHAT WE HAVE LEARNED ABOUT MANAGING CHANGE IN THE FUTURE

As the funder moves into another period of change with the transition from Health Canada to the Public Health Agency of Canada, it is important to reflect on what has been learned about how to manage change in ways that are respectful to the community. This section includes the key lessons PHAC Atlantic has learned during the transition from New Horizons to the population health approach. It also includes some recommendations from seniors' organizations about how this work can be strengthened in the future. Although many important lessons have been learned, it must be noted that in many cases, they may not result in future change. Part of the frustration with times of transition in funding programs is typically that the Program Consultants, themselves, have little notice or opportunity to prepare for the change. Therefore, the key learnings and recommendations below must be understood to be best practices which the funder would implement when possible.

6.1 KEY LESSONS

6.1.2 Consult and communicate

Open and honest communication between the community and funder is crucial during a time of change. The government needs to communicate the rationale for change and share as much information as is available, so that the community is not left scrambling when change is announced.

It is not enough for the government to merely share information, however. It is important that the community be consulted and given the opportunity to share its concerns and suggestions before change is made. When consultations take place, the government must consult in good faith: that is to say, it must be clear about how the information gathered is to be used and how much opportunity there is, or is not, for influencing changes to funding and programming. Community groups need to have real input in identifying priorities and agendas. Change is typically not accepted if the community perceives it as being someone else's idea; change is successful when the community, itself, identifies the need for and the approach to change.

Recommendations from seniors' organizations:

Involve seniors in programming decisions through advisory committees. *Establish local committees within the four provinces to serve as a bridge between their area and the PHAC Atlantic regional office. The committees would serve as catalysts to provide or distribute information to PHAC Atlantic regarding the region's needs and would be*

responsible for directing projects on a regional level. Another respondent suggested that the PHAC set up provincial committees to establish priorities for funding. These committees would provide a presence in each province to coordinate that province's programs.

6.1.2 Make the funding process user-friendly

One of the more frequent complaints about the PHF is that the application process places a significant administrative burden on community organizations. During a transition period, the application process for the new funding program should be streamlined and accessible and should, as much as possible, be similar to the old process. Community groups recommended that PHAC Atlantic provide more assistance during the application phase and use a process that allows the community to work with PHAC Atlantic to refine their proposals. Regular workshops in proposal writing and the application process were also recommended.

Recommendation from seniors' organizations:

Improve service to francophones. *Francophone groups felt the administration of project funding would be greatly improved by re-establishing a French-language office, as existed at the Moncton office in the days of New Horizons. This would ensure that francophones would have access to assistance in their own language during the application process.*

6.1.3 Build capacity and provide training early in the transition period

The shift from the New Horizons: Partners in Aging program to the PHF did not just mean a change in application procedures. It also meant significant changes to the approach to the work, in reporting and evaluation requirements, and in expectations around community capacity to engage in projects to influence policy. Many groups felt that they were being asked to adapt to an entirely new way of working, with little preparation.

Since the introduction of the PHF, training and resources around policy development and the population health approach have been made available. However, most community groups feel they needed this training and support much earlier in the process in order to successfully compete for funds and to understand the new approach. In future, as much as possible, training and information sessions around changes to approaches, application procedures, and reporting requirements should be made available very early in the transition period and should be based on learning needs identified by the community itself.

Periods of transition are times when government staff has a great deal to learn, as well. Therefore, Program Consultants should take every opportunity to learn more about the new approach and requirements, so that they can better communicate that information to

the community. They should also listen to and learn from the community, and try to ensure enough lead time between the introduction of change and the project development process to allow themselves and the community to receive training and feel comfortable with the process.

Recommendation from seniors' organizations:

Provide educational opportunities for seniors. *In addition to the ongoing training in PHF application procedures, it was recommended that a structure be created to allow universities, colleges, and public schools to offer subsidized courses for seniors. These courses could be about issues relevant to seniors, such as the process of aging, maintaining independence, and courses on personal development. Some of this work is being done in Prince Edward Island and New Brunswick through the universités du troisième âge, but it is not financially supported by the PHAC. These education programs could include workshops or mini-courses, not necessarily full-credit university courses. They would be aimed at people who do not have the time or the money for a greater commitment.*

6.1.4 Find ways to ensure continuity during the transition period

To many groups, the transition period between the cancellation of the New Horizons: Partners in Aging program and the introduction of the PHF was not a transition period at all; it was an abrupt shifting of gears. The way they worked was required to change, and for many, their day-to-day funding situations became critical. The types of work that had been funded in the past were, in many cases, not eligible for PHF funding, so programs faltered and jobs were lost.

It is essential, in the face of this type of change, to have a constant for both funder and community. In the case of the transition from New Horizons to the PHF, that constant was the Health Canada Program Consultants. Because they were already known to the community and had worked with seniors and their groups on New Horizons, they were both allies and resources. From the government's perspective, the Program Consultants' familiarity with the seniors' community and issues in Atlantic Canada provided essential contextual information that helped ease the transition.

Recommendations from seniors' organizations:

Ensure there is no time lapse between the old and new programs, so that groups are not left without funding for long periods of time. Regional and provincial differences must also be considered in how new programs are created and implemented.

6.1.5 Make sure that the "old" way of doing things is celebrated and honoured

The "new" way should not invalidate the achievements of the work done in the past under different programs or different frameworks. One of the best practices that can be

developed from the experience of transitioning to the PHF in the Atlantic region is the use of provincial and regional meetings to share the successes of seniors' work to that point. Although the main goals of the meetings held in 1997 and 1998 were to introduce the new population health approach, the meetings provided excellent opportunities to share information about work that groups had been doing, to validate and acknowledge fears and frustration with the proposed changes, and to plan together how best to move forward with the work. Community groups were left with a feeling of pride in the work they had done to that date and a sense that they had much to achieve under the new approach.

6.1.6 Facilitate opportunities to network

There is, indeed, strength in numbers. During the transition from the New Horizons program to the PHF, Health Canada played an important leadership role in providing opportunities for seniors' organizations to meet. Individually, groups were feeling betrayed, frustrated, and worried. While coming together did not eliminate all of those feelings, it did help groups to see common strengths and opportunities, and to move forward from a place of anger to create a productive and successful network. Ensuring that groups have the opportunity to communicate and share with each other and the funder is a critical part of managing change.

6.2 OTHER COMMENTS FROM SENIORS' ORGANIZATIONS

The seniors' organizations consulted for this report had other recommendations, including:

6.2.1 Expand funding for seniors' issues

All those interviewed felt that current program funding is not proportional to the need. They agreed there is a pressing need for the federal government to expand its funding to address seniors' issues. Many seniors felt that the population health work would be more effective if projects had more funding and more support. Many felt that the current focus on influencing policy is too narrow, and that there should be different funding programs for different activities, not just for policy development. Funding needs to be more accessible to a wider variety of organizations, including grassroots community projects, as well as for organizations that work on a provincial or regional level. Because the Atlantic region has the challenge of working with four distinct provinces, each province requires support to develop the infrastructure to operate province-wide and across the region. The funding must reflect the geography and demographics of the region.

6.2.2 A longer-term funding commitment is needed

A number of respondents spoke of how a population health approach requires a longer-term funding commitment. The kind of broad-based work required to change attitudes

and develop policy requires much more time than one, two, or three years. Some groups suggested that funding projects over five years would be more appropriate. Some said that the work needs to be supported over 10 to 15 years for efforts to be sustainable. As well, a number of people thought that successful projects should be able to be renewed so that they can continue, follow-up, expand, target a new audience, and ensure sustained results. Those initiatives which really prove the value of the population health approach should receive ongoing funding.

6.2.3 Consolidate federal funding for seniors in a single window

There are currently a variety of funding programs available to seniors through the PHAC and other government departments, including programs through the Minister of State for Families and Caregivers, the Veterans' Independence Program within Veterans Affairs Canada, and the reinstated New Horizons program administered by Social Development Canada. Respondents said this fragmentation of seniors' funding was problematic. Seniors' organizations are forced to split up their work in pieces in order to obtain funding.

A number of people interviewed expressed confusion over the reinstatement of the New Horizons program within Social Development Canada. They suggested it would have been better for continuity to reinstate the program within the PHAC, rather than in a department that does not have experience administering a funding program. One respondent recommended the integration of the New Horizons funding with the PHF to allow for the better coordination of programs.

One respondent suggested that within the PHAC, all the resources for seniors' work could be brought together under a Healthy Aging umbrella. Another respondent recommended the creation of federal/provincial agreements for all the work being done with seniors. The existing federal/provincial agreements for the Community Action Program for Children and the Canada Prenatal Nutrition Program could serve as models. Each province could have input in how the funds are used. There would be a knowledge transfer, and the funding program could be fine-tuned to the needs of each province.

6.2.4 Broaden the scope of eligible expenses

Groups expressed the view that overhead or operational costs should be covered. Most funding available to organizations is project funding which does not provide the core funds for the salaries of staff who train, support, and coordinate volunteers. Volunteers do not have the time, resources, and often the stamina to manage organizations, provide the leadership, and do the work. The infrastructure must be funded for the work to continue. The suggestion was made that a percentage, for example 15 to 17% of project funds, should be allowed to cover administrative costs.

6.2.5 Timelines

A number of the people interviewed felt that the government needs to be more flexible with regards to project timelines. The scheduling and timing of project activities should be determined by need and to ensure maximum project outcomes. Respondents said that existing timelines imposed by the government's fiscal year and programming decisions do not match the most productive times for volunteers and their organizations. The March 31 deadline can be a real deterrent to the most effective use of time, energy, and money.

SECTION SEVEN

CONCLUSION: THE LEGACY

It is clear from the experiences and reflections documented in this report that the work on seniors' issues in Atlantic Canada has greatly evolved over the past three decades. The issues with which seniors' organizations are dealing are more complex, the organizations themselves are more sophisticated, and the numbers of seniors to be reached continues to grow. The demographic profile of the Atlantic region will continue to have a long-term impact on the social and economic well-being of the entire population. The aging of Atlantic Canada's population means that seniors' issues will require greater consideration and will become more complex in years to come.

Another change has been in how later life work is supported by government. Whereas Health Canada was virtually the only funder for seniors' organizations for many years, much of this work is now shared with other federal and provincial departments. The reintroduction of the New Horizons program under Social Development Canada is a particularly important development, and Social Development Canada will be a key partner for the PHAC in acting on the determinants of health in the future. At the time the original New Horizons program was ending, seniors' organizations feared that they did not have a political voice. Today, their voices are being heard, and their needs are being acknowledged through a variety of federal and provincial initiatives.

Although the reflections in this report show that the transition to a life stage approach under the PHF was not easy, it has proven to be an effective way to address the changing demographics and needs of our society. Its effectiveness can be assessed on the following criteria:

- **The evidence generated by using the approach**

A key part of using the population health approach is the emphasis on making decisions and choosing interventions that are based on evidence. Creating and sharing knowledge about the impact of the determinants of health on seniors' health in Atlantic Canada has become an important focus of PHAC Atlantic's work. Since the life stage approach was adopted, PHAC Atlantic has contributed greatly to the body of evidence regarding seniors' health with such reports as *Shifting Sands: The Changing Shape of Atlantic Canada*, *The Strong Face of Age*, and *Policies for Aging Populations: An International Perspective*. The information in these reports has been shared regionally, nationally, and internationally and has helped to shape the seniors' agenda in Atlantic Canada. The evidence created has also influenced the agendas of other life stages. For example, the *Shifting Sands* document inspired the creation of a report called *Chasing the Wave*, which examined how the same demographic changes described in *Shifting Sands* would impact Atlantic region youth.

- **The strengthening of community capacity**

When the life stage approach was introduced, some seniors' organizations doubted their ability to effectively influence policy. They felt they did not have the organizational capacity, the skills, or the knowledge to make such an impact. In the almost 10 years that have passed, seniors' organizations have seen their knowledge, skills, and organizational capacity increase and have had success and gained confidence in influencing policy. Groups have been able to take advantage of workshops and meetings to increase knowledge and capacity around policy, evaluation, and proposal writing. They have been given opportunities to network and to share their own work, successes, and challenges.

As was noted earlier in this report, seniors' organizations quickly realized that they would have more success impacting the determinants of health by acting together, rather than alone. In this way, the life stage approach helped to develop solidarity and strong regional networks. Eventually, those seniors' groups have reached out to form partnerships with other community groups, and with federal and provincial government partners. Therefore, the capacity of the region, as a whole, to act on seniors' issues has been strengthened.

- **Impact of the approach on seniors' work in Atlantic Canada**

Seniors' organizations have seen many positive impacts from the adoption of the life stage approach. They have been able to use their increased organizational capacity and enhanced understanding of policy to take on more complex issues, such as housing, ageism, and caregiving. They have used their increased knowledge of evaluation and sharing evidence to strengthen their work on other projects and goals. They have created solid partnerships and networks. Often, these partnerships extend beyond the seniors' sector and have allowed seniors to bring their knowledge and insight to other community issues. Perhaps most importantly, the work has evolved from projects that have a limited, local impact, to projects that now have a larger scope and the potential for longer-term, upstream impact on the determinants of health.

In conclusion, it is evident that the later life work carried out by seniors' organizations in the Atlantic region leaves an impressive legacy of evidence, strengthened community organizations, and action on the determinants of health.

A final word: Irene Rose, the PHAC Program Consultant who has been a particular constant in the seniors' work over many years, also leaves a considerable legacy – her knowledge and community development skills, as well as the respect she has earned from the community with which she has worked, providing other Program Consultants with a fine example of how government can successfully work with the community to create meaningful action on the determinants of health.

APPENDIX A

LIST OF STAKEHOLDER PARTICIPANTS

Marie Corinne Bourque holds a Masters of Education degree from the Université de Moncton, a program that included studies with Jean Piaget at the University of Geneva. Ms. Bourque has taught school in New Brunswick and Montreal, as well as at the Université de Moncton. She also served as Consultant for the Department of Education in Fredericton. She is presently Chair of the Board of Directors for both Aîné.e.s en marche/Go Ahead Seniors Inc. as well as the Atlantic Seniors Health Promotion Network. She holds an honourary degree from the Université de Moncton.

Gail Bruhm is the former Coordinator of Chebucto Links, an organization that sponsored several projects funded by New Horizons. She was the first Executive Director of the Family Caregivers Association of Nova Scotia, an organization funded by the J.W. McConnell Family Foundation and the Province of Nova Scotia. She is now working collaboratively with Community Links and was involved in the initial Falls Prevention project.

Olive Bryanton is Coordinator of the Prince Edward Island Centre on Health and Aging, the President of the Seniors Active Living Centre, and also the President of the Prince Edward Island Seniors Safety Program. She is working on her Masters of Education at the University of Prince Edward Island and plans to do her thesis on aging. She is also involved in research on aging at the University of Prince Edward Island.

Reg Gabriel worked for 25 years with the Newfoundland and Labrador Departments of Health and Social Services. He is the founding President of the Newfoundland Alzheimer Society and a past board member of the Alzheimer Society of Canada. He has served on the Board of ONE VOICE, the Canadian Seniors Network, and is a past president of the Newfoundland and Labrador Pensioners Association. He has been involved as both a volunteer and a consultant with the Seniors' Resource Centre.

Claude Gervais has been involved in developing a continuing studies program for seniors in New Brunswick. He helped to set up the Université du Troisième Âge du Nord-Ouest in the Edmunston region. He also helped to form and is President of a provincial association of the five universités du troisième âge in New Brunswick. He was a founding member of the Atlantic Seniors Health Promotion Network. He has been involved in a number of seniors' policy initiatives in New Brunswick and also works as a consultant.

Rosemary Lester has a background in nursing in the United Kingdom and Canada. She joined the staff of the Seniors' Resource Centre in 1990 when the Centre first opened as a non-profit, charitable organization serving seniors and their families throughout

Newfoundland and Labrador. She has served as the Centre's Executive Director since 1994.

Pat Malone is a Registered Nurse and has a Bachelors Degree in Social Work. She retired in 2002 from the Prince Edward Island Department of Health and Social Services where she was the Senior Services Liaison for the province. She has worked part-time with Health Canada in its Prince Edward Island office as Program Consultant. Her present volunteer activities include work with Hospice and Palliative Care and the Retired Nurses Association. She is currently the Secretary for the Atlantic Seniors Health Promotion Network and the Prince Edward Island Senior Citizens' Federation, and she co-chairs the Prince Edward Island chapter of PFLAG, an organization that deals with sexual orientation and gender identity issues from a family perspective. She also works part-time with the Seniors United Network.

Jane McNiven holds a Masters Degree in Gerontology from Dalhousie University. She was Project Director for two national projects dealing with advocacy and advanced care directives. These projects were funded by Health Canada and sponsored by Canadian Pensioners Concerned. She has done research for the Nova Scotia Senior Citizens Secretariat and acted as coordinator for the Canadian Pensioners Concerned *Nova Scotia Housing Information Handbook* project. Ms. McNiven was a research consultant for *A Gap Analysis of Seniors and Diabetes*, funded by the Canadian Diabetes Initiative. She also served as Project Coordinator for *More Than Shelter*.

Marilyn More has an extensive background in the voluntary sector, as a volunteer, board member, project coordinator, and non-profit administrator. She is a Member of the Nova Scotia Legislative Assembly, representing the New Democratic Party, and is the first critic for the voluntary sector from any political party in that province.

APPENDIX B

LIST OF LATER LIFE STAGES PROJECTS FUNDED BY THE POPULATION HEALTH FUND, 1997-2004

Beyond the Faces of Elder Abuse - Seeking Solutions – St. John's, Newfoundland and Labrador

Building Bridges: Collaborative Health Policy – Newfoundland and Labrador

Building Seniors' Capacity to Influence Public Policy – Prince Edward Island

Caregiver Summits - Pictou County and Halifax Regional Municipality, Nova Scotia

Community Leadership Development: Enhancing the Abilities of Seniors to Effectively Influence Public Policy - New Brunswick

Conférence des aînés sur les politiques publiques - Newfoundland and Labrador

Constructing a Platform: Policy Development Relevant to Older Parents Caring for Adult Sons/Daughters With Lifelong Disabilities – Nova Scotia

The Culture of Long Life – Atlantic Region

Developing Regional Strategies to Support Informal Caregivers – Nova Scotia

Developing Rural Seniors' Skills for Influencing Policy – Nova Scotia

Developing Rural Seniors' Skills for Influencing Policy on Transportation – Nova Scotia

Enhancing the Abilities of Seniors to Effectively Influence Public Policy - Part 2 – New Brunswick

Holistic Health Care for Older Adults in Diverse Cultures – Newfoundland and Labrador

Home Support Research - Harvey, New Brunswick

In Support of Shifting Sands, Atlantic Canada Prepares for an Aging Population – Atlantic Region

More Than Shelter – Atlantic Region

Policy Impacts on Caregivers - Newfoundland and Labrador

Senior Rural Women Affecting Healthy Change – Nova Scotia

Seniors Bridging the Medication Awareness Gap in Atlantic Canada - Phase 2 – Prince Edward Island

Services de santé adaptés aux aîné(e)s - Péninsule Acadienne et autres régions – New Brunswick

The Strong Face of Age: Phase Two – Atlantic Region

The Voice of Older Adults: Influencing Public Policy – Prince Edward Island

ENDNOTES

[1] C.G. Gifford, *Canada's Fighting Seniors*, Formac Publishing, Halifax, 1990, p.37.

[2] Deborah Dostal, *The New Horizons Program in Nova Scotia: An Evaluation Study*, The Nova Scotia Steering Committee on Networking with Seniors, 1992, p.1.

[3] Health Canada, *Inventing the Wheel: How Seniors in Atlantic Canada Have Made New Horizons Funding Work for Them*, Population and Public Health Branch, Atlantic Region, Health Canada, 1997, p.1.

[4] Dostal, p.3.

[5] Health Canada, p.3.

[6] Health Canada, p.64.

[7] Joan Campbell and Susan Lilley, *Shifting Sands: The Changing Shape of Atlantic Canada*, Population and Public Health Branch, Atlantic Region, Health Canada, 1999, p.5.

[8] Ibid, p.6

[9] http://www.phac-aspc.gc.ca/ph-sp/phdd/approach/approach.html#history

[10] The ASHPN's aim and objectives were also established at this meeting. The organization's aim is to provide a network for individuals and organizations across the Atlantic region to share information. Its main objectives are to create new linkages and working relationships among seniors' organizations in the Atlantic region to aid in the spread and continuation of community-based seniors' work; to share knowledge, tools, resources, and best practices that have produced a reduction of at-risk situations and promoted the ongoing independence of seniors; and to develop strategies to influence policy and decision making at the community, provincial, and national level.

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